| Effective October 1, 2000 09 752808 | | | | | | | | | | | | | | |
|---|--|---|------------------------------------|-------------------------------|--------------------------|---|---------|------------|--|-----------------------|-----------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | | |
| TOTAL CLAIMS | | | 28 | | | | Γ | RATE | | FEE | 1 | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | E | BASIC F | EE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 28 minus 20= | | * 8 | | | X\$ 9= | | _ | OR | X\$18= | 144 | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | * | | | X40= | | | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter | | | | | | column 2 | L | TOTAL | _ | | OR | TOTAL | 854 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | 10171 | - L | | Jon | OTHER | | |
| | | (Column 1) | | (Colur | nn 2) | (Column 3) | | SMALLE | | ENTITY OR | | SMALL ENTITY | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | | ADDI- IONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | = | | X\$ 9= | | | OR | X\$18= | : | |
| | Independent | * | Minus | *** | | = | | X40= | 1 | | OR | X80= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | | | | | +135= | | | OR | +270= | | |
| | TOTAL ADDIT. FEE | | | | | | | | | | | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | E L | | J • · · · | ADDIT. FEE | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | | ADDI- IONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | | OR | X\$18= | | |
| | Independent | NTATION OF MI | Minus , | L | | = . | | X40= | T | · | OR | X80= | | |
| <u> </u> | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | | OR | +270= | | |
| | | | | | | | | | L E | | OR | TOTAL ADDIT. FEE | | |
| <u>.</u> | | (Column 1) | · | (Colur | nn 2) | (Column 3) | _ | | | | | | | |
| AMENDMENT C | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | T | ADDI- IONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | | OR | X\$18≃ | | |
| | Independent | * | Minus | *** | | = | | X40= | | - 1 | OR | X80= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | 070 | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR | +270= | | |
| ••• | If the "Highest Nu If the "Highest Nu | mber Previously Pa mber Previously Pa | aid For" IN THI aid For" IN THI | S SPACE I | s less tha s less tha | n 20, enter <mark>"</mark> 20.' In 3, enter "3." | AD | DIT. FE | E L | | | TOTAL ADDIT. FEE | | |
| | | ber Previously Pai | | | | | r found | d in the a | appro | priate box | in col | umn 1. | | |

Application or Docket Number